Skilled Nursing Needs Form

The time studies that have been required for private duty nursing (PDN) authorization, are not providing sufficient medical information to justify the hours of PDN that many agencies are requesting. A new tool has been developed to provide the information needed to support medical necessity and provide required care to Medicaid patients.

The following information must be completed by the nurse caring for the patient to indicate the number of skilled nursing services provided. Indicate by number or hashmark the number of services provided. Those with questions should contact the prior authorization nurse for further details.

SKILLED NURSING NEEDS FOR TRACHEOSTOMIZED, VENTILATOR, AND/OR TECHNOLOGY DEPENDENT PATIENTS

Indicate how many times per shift the following are done

Comprehensive Nursing Assessments (How many)_____
Breath Sounds-Auscultation (How many)_____
Before Suction (How many)_____
After Suction (How many) _____
Vital Signs taken (Number of times) _____
Need for Aerosol Treatment (How many)_____

Indicate if any of these occur during shift

Signs and Symptoms/Management

Respiratory Distress (Number of times)_____ Intervention_____
Hypoxia (Number of times)_____ Intervention_____
Tachycardia (Number of times)_____ Intervention_____
Bradycardia (Number of times)_____ Intervention_____
Side effects of medication (Specify) _____
Fluid retention (yes or no)_____ Intervention_____
Seizures (Number of times)_____ Intervention_____
Hyper or Hypotension (Number of times)_____ Intervention_____
Reflux (Number of times)_____

Procedures– indicate how often the following are done during the shift

Suctioning (Number of times) _____ Wound care other than trach _____
*Describe character of secretions*_____
Chest Percussion (Number of times)_____ Dressing changes (not IV related)_____
IV Infusions_____ IV Line Care_____ IV Lab Draws_____
PRN Medications_____ Lab Draws by Venipuncture_____ TPN_____
Passive Range of Motion_____ Active Range of Motion_____
Checking Residuals_____

Note: Medications by mouth or G or J tube and tube feedings are not considered skilled after 60 days

Indicate if any of the following are completed during shift

Trach Care:
Clean trach site
Change trach ties
Change trach tubes
Cleaning of inner cannula
Place on trach collar

Vent Care:
Tubing changes
Vent setting changes

Bagging:
Via Trach
Via Mouth

List other skilled treatments or procedures, be specific_____
_____

RN Signature_____ Date _____